



Acute Induction of Labour (IOL)
Bookings required within 24 hours

MUST ATTACH PATIENT LABEL HERE

SURNAME: _____ NHI: _____

FIRST NAMES: _____ DOB: _____

Please ensure you attach the correct patient label

Referring doctor to complete form and hand to Ward Clerk of L&BS or WAU as appropriate

- SMO on call for L&BS has approved IOL request to be started within 24 hours
- WAU CCM informed

Name of SMO: _____

Name of LMC: _____

Today's date	
Requested date for IOL	
Requested time for IOL	
Name of Referring Doctor	
Name of LMC	

Indication for Acute IOL

- ↓ fetal movements
- ↓ liquor volume
- Abnormal CTG or BPP
- IUD
- Preeclampsia
- Prolonged latent phase
- Rupture of membranes, pre-labour
- SGA (new diagnosis)
- TOP
- Other: *(please specify)* _____

Location	Method <i>(Tick all that apply)</i>
<input type="checkbox"/> WAU <input type="checkbox"/> L&BS <input type="checkbox"/> HDU	<input type="checkbox"/> PGs <input type="checkbox"/> Balloon <input type="checkbox"/> ARM <input type="checkbox"/> Syntocinon
	<input type="checkbox"/> Any of above <input type="checkbox"/> OBLIGE

- ADHB IOL pamphlet provided
- OBLIGE pamphlet provided Not eligible for OBLIGE

If eligible please note that women may be contacted about the study by ADHB Staff / Research team

To start IOL: LMC Hospital MW Care in labour: LMC Hospital MW

Ward clerk use

- Scheduled in Chips Whiteboard

ACUTE IOL BOOKINGS REQUIRED WITHIN 24 HOURS

CR2252